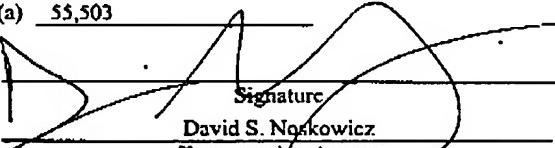
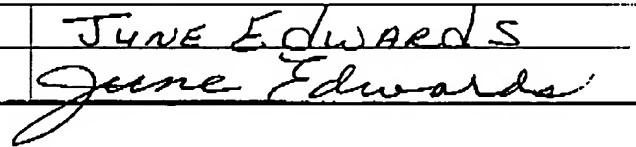


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FEB 21 2006

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number: CS11027
In re Application of	Tori, et al.	
Application Number	10/006,098	Filed December 4, 2001
For	USER INTERFACE FOR A HANDHELD WIRELESS COMMUNICATION DEVICE	
Group Art Unit	2643	Examiner Sams, Matthew
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.		
The requested extension and appropriate non-small-entity fee are as follows: (Check time period desired):		
<input checked="" type="checkbox"/> One Month (37 CFR 1.17(a)(1)) <input type="checkbox"/> Two Months (37 CFR 1.17(a)(2)) <input type="checkbox"/> Three Months (37 CFR 1.17(a)(3)) <input type="checkbox"/> Four Months (37 CFR 1.17(a)(4)) <input type="checkbox"/> Five Months (37 CFR 1.17(a)(5))	\$ 110.00 \$ 430.00 \$ 980.00 \$ 1530.00 \$ 2080.00	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the amount shown above is reduced by one-half, and the resulting fee is \$ _____		
<input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required or credit any overpayment to Deposit Account Number 502117		
<input checked="" type="checkbox"/> I have enclosed a duplicate copy of this sheet.		
I am the:		
<input type="checkbox"/> Applicant/inventor		
<input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71.		
<input checked="" type="checkbox"/> Attorney or agent of record (Registration No.: 55,503) _____		
<input type="checkbox"/> Attorney or agent under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a) 55,503		
21 Feb 06 Date		 Signature David S. Naskowicz Type or printed name
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/> Total of 1 form(s) are submitted		
CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first-class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on this date: February 21, 2006		
Typed or printed name	Jane Edwards	
Signature		

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